

ARNP FORMULARY

GENERIC NAME	EXCEPTION	Last Reviewed
abacavir	Approved for use with an Infectious Disease consultation only	9/13/04
abacavir/lamivudine/zidovudine	Approved for use with an Infectious Disease consultation only	
acetazolamide	Approved for Acute Care only in consultation with a physician.	
acetylcholine chloride ophthalmic	Restricted	
acyclovir injection	Approved in an institutional setting in consultation with a physician.	
adefovir dipivoxil	Approved for use with Gastroenterology or Infectious Disease consultation only	3/10/03
adenosine	Approved for CRNA use with physician collaboration or ACLS protocol. Parenteral route approved in an institutional setting in consultation with a physician.	
alatrofloxacin	Restricted	
aldesleukin	Restricted	
alglucerase	Restricted	
alprostadil	Approved for use in consultation with a physician. only.	
altretamine	Restricted	
amifostine	Restricted	
amikacin injection	Approved for use in an institutional setting in consultation with a physician.	
aminocaproic acid	Approved for use in an institutional setting in consultation with a physician.	
aminoglutethimide	Restricted	
amiodarone	Approved for oral use only in consultation with a physician. Parenteral route approved for use in an institutional setting in consultation with a physician or ACLS protocol.	
amphetamine and mixed salts	Approved for Psych/Mental Health use. Approved for CRNA's, Family, Adult, and Pediatric NP for the treatment of the diagnosis of ADHD made according to the current published guidelines (e.g. AAP, AACAP, etc.) and for renewal of prescription.	9/8/03
amphotericin B	Approved for use by ARNP credentialed to practice in an ICU setting.	3/8/04
amphotericin B Lipid	Approved for use by ARNP credentialed to practice in an ICU setting.	3/8/04
amprenavir	Approved use with Infectious Disease consultation only.	
anagrelide	Restricted	
anastrozole	Approved for Oncology only	
apomorphine	Approved for use in consultation with a physician.	
apraclonidine	Restricted	
aprepitant	Approved for use in an oncology setting in consultation with a physician.	6/2/03

ARNP FORMULARY

arbutamine	Restricted	
ardeparin	Restricted	
arginine-vasopressin	Restricted	
aripiprazole	Approved for Psych/Mental Health use; Other ARNPs approved for renewal of MD initiated prescription; Unrestricted use in nursing home setting	3/10/04
arsenic trioxide	Restricted	
ascorbic acid injection	Parenteral route in an institutional setting only.	
asparaginase	Restricted	
atenolol injection	Approved for CRNA use. All other NPs institutional use only in consultation with a physician.	9/8/03
atiprimod	Restricted.	6/2/04
atovaquone	Restricted	
atracurium	Approved for unrestricted use by CRNA. Approved in an institutional setting for all other ARNP consultation with a physician.	
atropine ophthalmic	Restricted	
AU198	Restricted	
Azacitidine	Restricted	12/6/04
baclofen injection	Approved for use in institutional settings in consultation with a physician.	
BCG	Restricted	
becaplermin	Approved in consultation with a physician.	
benzocaine	CRNAs: all routes, all drugs CNMs: pudendals permitted All other ARNPs: local anesthetics only	
benzphetamine	Restricted	
benztropine	Approved for use by Psych/Mental Health ARNP. Other ARNPs on a renewal of physician initiated prescription only.	
benzyl alcohol	CRNAs: all routes, all drugs	
beractant	Approved for use by ARNP credentialed to practice in an ICU setting.	3/8/04
betaine	Restricted	
betamethasone injection	Parenteral route in an institutional setting only.	
betaxolol ophthalmic	Restricted	
bicalutamide	Approved in an Oncology only in consultation with a physician.	
bimatoprost	Restricted	
biperiden	Approved for use by Psych/Mental Health ARNP. Other ARNPs on a renewal of physician initiated prescription only.	
bivalirudin	Approved for institutional use in consultation with a physician.	
bleomycin	Restricted	
bosentan	Restricted	
botulinum toxin (ALL)	Approved for use by in consultation with a physician a pain clinic setting or by approval of institutional Pharmacy and Therapeutic Committee and Credentialing Comm	

ARNP FORMULARY

bretylium	Approved for CRNA use consultation with a physician or ACLS protocol.	
brimonidine ophthalmic	Restricted	
brinzolamide ophthalmic	Restricted	
bromocriptine	Approved on a renewal of physician initiated prescription only	
buffered intrathecal electrolyte/dextrose inj	Restricted	
bumetanide injection	Approved in institutional settings.	
bupivacaine	CRNAs: all routes, all drugs CNMs: pudendals permitted All other ARNPs: local anesthetics only	
busulfan	Restricted	
butamben picrate	CRNAs: all routes, all drugs CNMs: pudendals permitted All other ARNPs: local anesthetics only	
C060	Restricted	
cabergoline	Approved for use in consultation with a physician.	
caffeine injection	Approved for CRNA use; Neonatal use in an institution	3/10/03
calcitriol injection	Parenteral route in an institutional setting only.	
calcium ascorbate injection	Parenteral route in an institutional setting only.	
calcium chloride injection	Parenteral route in an institutional setting only.	
calcium gluceptate injection	Parenteral route in an institutional setting only.	
calcium gluconate injection	Parenteral route in an institutional setting only.	
calfactant	Restricted	
capecitabine	Restricted	
carbachol ophthalmic	Restricted	
carbamazepine	All ARNP's approved for use as anticonvulsant only. Psych/ Mental health ARNP approved for use as a mood stabilizer; all other ARNPs on renewal of physician initiated prescription only. CRNA use approved in an institutional setting for pain.	3/10/03
carbidopa	Approved on a renewal of physician initiated prescription only	
carbidopa;levodopa	Approved on a renewal of physician initiated prescription only	
carboplatin	Restricted	
carmustine	Restricted	
carteolol ophthalmic	Restricted	
carvedilol	Approved in consultation with a physician.	
caspofungin acetate	Approved for use with infectious disease physician consultation only.	

ARNP FORMULARY

ceftazidime injection	Approved for all ARNPs in an institutional setting in consultation with a physician. Approved for use by ARNPs credentialed to practice in an ICU setting.	3/10/03 3/8/04
cetrorelix	Approved for use in consultation with a physician.	
chlorambucil	Restricted	
chlordiazepoxide injection	Parenteral benzodiazepines administered IV are limited to institutional use only	
chloroprocaine	CRNAs: all routes, all drugs CNMs: pudendals permitted All other ARNPs: local anesthetics only	
chloroquine	Oral use approved for preventive treatment of malaria only. Approved for parenteral route in institutional setting in consultation with a physician.	
chlorothiazide injection	Parenteral route in an institutional setting only.	
chlorotrianisene	Approved for use in consultation with a physician.	
chlorpromazine injection	Approved for Psych/Mental Health ARNP. Other ARNPs in an institutional setting only.	
chromic phosphate P32	Restricted	
chromitope sodium	Restricted	
chromium chloride injection	Parenteral route in an institutional setting only and in consultation with a physician.	
chymotrypsin ophthalmic	Restricted	
cidofovir	Restricted	
ciprofloxacin injection	Approved for persons over 12 years of age.	
cisatracurium	Approved for unrestricted use by CRNA. Approved in an institutional setting for all other ARNP in consultation with a physician.	
cisplatin	Restricted	
cladribine	Restricted	
clindamycin phosphate injection	Parenteral use approved for CNM and NNP's only. All other ARNP's in consultation with a physician.	12/8/03
clonidine injection	Parenteral use approved for CRNA's in consultation with a physician.	12/8/03
clozapine	Approved for unrestricted use by Psych/Mental Health ARNP. Approved for other ARNPs on renewal of physician initiated prescription only	
CO57	Restricted	
cocaine	CRNAs: all routes, all drugs All other ARNPs: topical use only	
collagen implants	Restricted	
copper injection	Parenteral route in an institutional setting only.	
corticotropin	Approved for use in institutional settings in consultation with a physician.	
cosyntropin	Parenteral route in an institutional setting only.	
CR51	Restricted	
cupric sulfate injection	Parenteral route in an institutional setting only.	

ARNP FORMULARY

curare	Approved for unrestricted use by CRNA. Approved in an institutional setting for all other ARNP in consultation with a physician.	
cyclopentolate ophthalmic	Approved for use in an institutional setting	9/13/04
Cyclopentolate/phenylephrine	Approved for use in an institutional setting	
cyclophosphamide	Restricted	
cyclosporine	Approved for use in consultation with a physician.	
cytarabine	Restricted	
dactinomycin	Restricted	
dalfopristin; quinupristin	Approved in an institutional setting only with an Infectious Disease consultation	
danaparoid	Approved for institutional use only.	
dantrolene injection	Approved for use by CRNA. All other ARNP's in an institutional setting consultation with a physician.	3/10/03
dapiprazole ophthalmic	Restricted	
daptomycin	Use approved in an institutional setting with infectious disease consultation.	3/8/04
daunorubicin	Restricted	
decabazine	Restricted	
deferoxamine	Approved for institutional use only in consultation with a physician.	
delavirdine	Approved use with Infectious Disease consultation only.	
demecarium ophthalmic	Restricted	
denileukin diffitox	Restricted	
desflurane	Approved for CRNA use only.	
desmopressin acetate injection	Approved for use in an institutional setting in consultation with a physician.	12/8/03
dexamethasone ophthalmic	Restricted	
dexrazoxane	Restricted	
dextroamphetamine	Approved for Psych/MentalHealth use. Approved for CRNA's, Family, Adult, and Pediatric in consultation with a physician.	6/2/03
diatrizoate meglumine	Approved for CRNA and Neonatal use only.	
diatrizoate sodium	Approved for CRNA and Neonatal use only.	
diazepam injection	Parenteral benzodiazepines administered IV are limited to institutional use only	
diazoxide	Approved for use in institutional setting in consultation with a physician.	
dibucaine	CRNAs: all routes, all drugs CNMs: pudendals permitted All other ARNPs: local anesthetics only	
dichlorodifluoromethane	CRNAs: all routes, all drugs All other ARNPs: topical use only	
diclofenac sodium ophthalmic	Restricted	
didanosine, ddl	Approved use with Infectious Disease consultation only.	

ARNP FORMULARY

diethylpropion	Restricted	
diethylstilbestrol	Restricted	
digoxin injection	Parenteral use approved in institutional settings only or ACLS protocol.	
diltiazem injection	Approved for use in an institutional setting in collaboration with a physician or ACLS protocol.	
dimenhydrinate injection	Parenteral route in an institutional setting only.	
dinoprostone	Approved for CNM use only.	
diphenhydramine injection	IV route in an institutional setting only. IM use permitted all ARNP's.	
dipivefrin ophthalmic	Restricted	
disopyramide	Approved for oral use only in consultation with a physician. Parenteral route approved only in an institutional setting in consultation with a physician.	
divalproex sodium	Approved for use by Psych/Mental Health ARNP. All other ARNP limited to renewal of physician prescription only.	
dobutamine	Approved for parenteral route in an institutional setting in consultation with a physician.	
docetaxel	Restricted	
dofetilide	Approved in consultation with a physician.	
Dopamine	Approved for use in an institutional consultation with a physician or ACLS protocol.	
dorzolamide ophthalmic	Approved for renewal of physician written RX in an institutional setting.	
doxacurium	Approved for unrestricted use by CRNA. Approved in an institutional setting for all other ARNP in consultation with a physician.	
doxorubicin	Restricted	
dronabinol	Restricted	
droperidol	Institutional use only	
dyclonine	CRNA's: all routes, all drugs All other ARNP's: topical use only	
echothiophate ophthalmic	Restricted	
Efalizumab	Restricted	3/8/04
eflornithine	Approved for use in an institutional setting only.	
Elliott's B solution	Restricted	
emedastine	Restricted	
enalaprilat	Approved for in institutional settings in consultation with a physician.	
enflurane	Approved for CRNA use only.	
enfuvirtide	Approved for use with an Infectious Disease consultation only.	6/2/03
entacapone	Approved on a renewal of physician initiated prescription only	

ARNP FORMULARY

ephedrine injection	Approved for CRNA use. All other ARNP's approved for parenteral route in an institutional setting in consultation with a physician.	3/10/03
epinephrine iv injection only	Approved for CNM use for endotracheal and IV use for neonatal resuscitation. Approved for use in an institutional setting in consultation with a physician or ACLS protocol. S.C. use approved for all ARNPs	
epinephrine ophthalmic	Restricted	
epinephryl ophthalmic	Restricted	
epirubicin	Restricted	
epoetin alfa	Approved for use with physician consultation	12/6/04
epoprostenol	Restricted	
ergocalciferol injection	Approved for parenteral route in an institutional setting only.	
ergonovine maleate	Approved for use by CNM only	
ertapenem sodium	Approved for institutional use with an infectious disease consultation only.	3/10/03
esmolol	Approved for CRNA use. Approved for other NPs use in an institutional setting in consultation with a physician..	9/8/03
estramustine	Restricted	
etavirenz	Approved use with Infectious Disease consultation only.	
ethacrynic acid injection	Approved for use in an institutional setting.	
ethambutol	Approved for Adult ARNPs in an institutional setting in consultation with a physician.	
ethiodized oil	Approved for CRNA and Neonatal use only.	
ethyl chloride	CRNAs: all routes, all drugs CNMs: pudendals permitted All other ARNPs: local anesthetics only	
ethylene	CRNAs: all routes, all drugs All other ARNPs: topical use only	
etidocaine	CRNAs: all routes, all drugs CNMs: pudendals permitted All other ARNPs: local anesthetics only	
etomidate	Approved for CRNA use only.	
etoposide	Restricted	
exemestane	Approved for use in an oncology setting only and limited to renewal of physician prescription.	
exemestane	Restricted	
FE59	Restricted	
fenoldopam	Approved for use in an institutional setting only	
fentanyl citrate PF	Unrestricted use for CRNA's and NNP's. Approved for all other ARNPs for treatment of oncology and palliative care patients only	6/2/03
fentanyl injection	Unrestricted use approved for CRNA's and NNP's only. Approved for all other ARNP's practicing in an oncology or palliative <u>care setting</u> only. Parenteral use for ARNPs working in an institutional setting	6/2/03 9/8/03

ARNP FORMULARY

fentanyl patch	Unrestricted use for CRNA's only. Approved for the treatment of pain by ARNPs who have expertise in treating these patients. All other ARNP's approved in consultation with a physician.	9/8/03
ferric ammonium citrate	Restricted	
ferumoxides	Approved for CRNA and Neonatal use only.	
ferumoxsil	Approved for CRNA and Neonatal use only.	
filgrastin	Approved for use in an institutional oncology setting with Hematology consultation	12/6/04
flecainide injection	Approved for use in an institutional setting in consultation with a physician or ACLS protocol.	
floxuridine	Restricted	
fludarabine	Restricted	
fludeoxyglucose F18	Restricted	
fludrocortisone	All routes approved for NNP use. Parenteral route approved in institutional settings in consultation with a physician.	
fluorometholone ophthalmic	Restricted	
fluorouracil (5-FU) injection	Restricted	
fluoxymesterone	Approved for use in consultation with a physician.	
flurbiprofen ophthalmic	Restricted	
flutamide	Approved in an Oncology setting only in consultation with a physician.	
folic acid injection	Approved for use in an institutional setting	
follitropin r-FSH	Approved for use in consultation with a physician.	
fomepizole	Approved for institutional use in consultation with a physician.	
fomivirsen ophthalmic	Restricted	
fosamprenavir	Approved for use with an infectious Disease consultation only.	6/2/04
foscarnet	Approved in an institutional setting in consultation with a physician.	
fosphenytoin	Approved for use by ARNP credentialed to practice in an ICU setting.	3/8/04
fulvestrant	Restricted	3/10/03
furosemide injection	Approved for use in institutional settings	
GA67	Restricted	
gadodiamide	Approved for CRNA and Neonatal use only.	
gadopentetate dimeglumine	Approved for CRNA and Neonatal use only.	
gadoteridol	Approved for CRNA and Neonatal use only.	
ganciclovir	Approved for use by ARNP credentialed to practice in an ICU setting.	3//04
ganirelix	Approved for use in consultation with a physician.	
gatifloxacin injection	Approved for use in an institutional setting in consultation with a physician.	

ARNP FORMULARY

gemcitabine	Restricted	
gemtuzumab, ozogamicin	Restricted	
glatiramer injection	Restricted	
gonadorelin	Approved for use in consultation with a physician.	
goserelin	Approved in oncology setting in consultation with a physician.	
granisetron injection	Approved for CRNA and CNM use. Approved in oncology setting. Other ARNPs approved for institutional use in consultation with a physician.	
halofantrine	Restricted	
halothane	Approved for CRNA use only.	
HG197	Restricted	
HG203	Restricted	
histrelin	Approved for use in consultation with a physician.	
homatropine ophthalmic	Restricted	
human albumin microspheres	Approved for CRNA and Neonatal use only.	
Hyaluronic acid gel	Restricted	
hydralazine injection	Approved for CRNA use. Other NPs approved for use in an institutional setting in consultation with a physician.	9/8/03
hydroxocobalamin injection	Approved for parenteral route in an institutional setting only.	
hydroxyamphetamine ophthalmic	Restricted	
hydroxyurea	Restricted	
I125	Restricted	
I131	Restricted	
ibutilide	Approved for use in an institutional setting consultation with a physician with a physician or ACLS protocol.	
icondextrin	Restricted	3/10/03
idarubicin	Restricted	
ifosfamide	Restricted	
imatinib	Restricted	
imipenem;cilastatin	Approved for use in an institutional setting in consultation with a physician.	
IN111	Restricted	
IN113	Restricted	
IN113M	Restricted	
indinavir	Approved use with Infectious Disease consultation only.	
interferon Alfa	Approved in non-hematology/oncology setting only-in consultation with a physician.	
iodine injection	Approved for parenteral route in an institutional setting only.	
iodipamide meglumine	Approved for CRNA and Neonatal use only.	
iodixanol	Approved for CRNA and Neonatal use only.	
iohexol	Approved for CRNA and Neonatal use only.	

ARNP FORMULARY

iopamidol	Approved for CRNA and Neonatal use only.	
iopanoic acid	Approved for CRNA and Neonatal use only.	
iopromide	Approved for CRNA use only	
iothalamate meglumine	Approved for CRNA and Neonatal use only.	
iothalamate sodium	Approved for CRNA and Neonatal use only.	
ioversol	Approved for CRNA and Neonatal use only.	
ipodate sodium	Approved for CRNA and Neonatal use only.	
IR192	Restricted	
irinotecan	Restricted	
iron dextran	Approved for parenteral route in an institutional setting only.	
iron sucrose	Approved for parenteral route in an institutional setting only.	
isocarboxazid	Approved for Psych/MentalHealth use only	
isoflurane	Approved for CRNA use only.	
isoniazid, INH	Approved for preventative therapy only.	
isoproterenol injection	Approved for use in an institutional in consultation with a physician or ACLS protocol.	
isosulfan blue	Approved for CRNA and Neonatal use only.	
isotretinoin	Restricted	
itraconazole oral	Requires consultation with a physician.	
ivermectin	Restricted	
K42	Restricted	
K43	Restricted	
ketamine	Approved for CRNA use. Approved for use by ARNP credentialed to practice in an ICU setting.	/8/04
ketorolac injection	Approved for use in institutional settings only.	
ketorolac ophthalmic	Restricted	
KR81M	Restricted	
lamivudine, 3TC	Approved use with Infectious Disease consultation only.	
lamivudine, 3TC;zidovudine	Approved use with Infectious Disease consultation only.	
latanoprost	Approved for renewal of physician prescription in an institutional setting.	
latanoprost;timolol	Restricted	
lepirudin	Restricted	
letrozole	Approved for Oncology use only and limited to renewal of physician prescription	
leucovorin calcium injection	Approved for use in an institutional setting in consultation with a physician.	
leuprolide	Approved for use in consultation with a physician.	
levamisole	Restricted	
levobetaxolol ophthalmic	Restricted	
levobunolol ophthalmic	Restricted	
levobupivacaine	CRNAs: all routes, all drugs CNMs: pudendals permitted All other ARNPs: local anesthetics only	

ARNP FORMULARY

levocabastine ophthalmic	Approved for use by NNP, Family, Adult, and Pediatric only.	
levodopa	Approved on a renewal of physician initiated prescription only	
lidocaine	CRNAs: all routes, all drugs CNMs: pudendals permitted. Approved for use by ARNP credentialed to practice in an ICU setting. All other ARNPs: local anesthetics only.	3/8/04
linexolid	Approved for institutional use with Infectious Disease consultation only.	
lithium	Approved for use by Psych/Mental Health ARNPs. All other ARNPs on renewal of physician initiated prescription only.	
liver, crude injection	Approved for parenteral route in an institutional setting only.	
lomustine	Restricted	
lopinavir/ritonavir	Use approved with Infectious Disease consultation only	
lorazepam injection	Unrestricted use for CRNAs only. Approved for parenteral route in an institutional setting and in an oncology outpatient setting in consultation with a physician for all other ARNPs.	6/2/03
loteprednol etabonate	Restricted	
lumenhance solution	Restricted	
Lyme Disease Vaccine	Restricted	
magnesium chloride injection	Approved for parenteral route in an institutional setting only.	
magnesium sulfate injection	Approved for parenteral use in an institutional setting only.	
mangofodopir trisodium	Approved for CRNA and Neonatal use only.	
mannitol	Parenteral route approved in institutional settings.	
mechlorethamine	Restricted	
medrysone.ophthlamic	Restricted	
mefloquine	Oral use approved for preventive treatment of malaria only	
megestrol	Approved for use by ARNP credentialed to practice in an ICU setting. Unrestricted use in a long-term care setting.	3/8/04
melphalan	Restricted	
mephentermine	Approved for CRNA use. Other NPs approved for parenteral route in an institutional setting in consultation with a physician.	9/8/03
mepivacaine	CRNAs: all routes, all drugs CNMs: pudendals permitted All other ARNPs: local anesthetics only	
mercaptopurine	Restricted	
meretek UBT Kit w/pranactin	Restricted	
mesna	Restricted	

ARNP FORMULARY

metaraminol	Approved for parenteral route in an institutional setting in consultation with a physician..	
methimazole	Restricted	
methocarbamol injection	Approved for use in institutional settings in consultation with a physician.	
methohexital	Approved for CRNA use only.	
methotrexate	Approved for Oncology and Rheumatology in consultation with a physician.	
methoxamine	Approved for parenteral route in an institutional setting in consultation with a physician.	
methoxyflurane	Approved for CRNA use only.	
methyldopate injection	Approved for use in an institutional setting in consultation with a physician.	
methylergonovine	Approved for use by CNM only	
methylphenidate	Approved for Psych/ MentalHealth, CRNA's, Family, Adult, and Pediatric use	
methylprednisolone ophthalmic	Restricted	
methyltestosterone	Approved for use in consultation with a physician.	
metipranolol ophthalmic	Restricted	
metoclopramide injection	Approved for use in an oncology setting. Approved for CRNA and CNM use. Approved for institutional use in consultation with a physician.	
metocurine	Approved in an institutional setting in consultation with a physician.	
metoprolol injection	Approved for CRNA use. Other NPs approved for use in an institutional setting in consultation with a physician.	9/8/03
metronidazole injection	Parenteral route requires consultation with a physician.	
mexiletine HCl	Approved for CRNA use only.	
mezlocillin	Approved for use in an institutional setting in consultation with a physician.	
mibefradil	Restricted	
midazolam injection	Approved for CRNA and NNPs only. All other ARNP's restricted to use in institutional setting in consultation with a physician.	3/10/03
midodrine injection	Approved for use in an institutional setting in consultation with a physician.	
mifepristone	Permitted under the supervision of a physician who meets the federal prescriber's agreement	
mitomycin	Restricted	
mitotane	Restricted	
mitoxantrone	Restricted	
mivacurium	Approved for unrestricted use by CRNA. Approved in an institutional setting for all other ARNP in consultation with a physician..	

ARNP FORMULARY

molybdenum	Approved for oral use by ARNP. Parenteral route in an institutional setting and requires consultation with a physician.	
moricizine	Approved for oral use only in consultation with a physician. Parenteral route approved only in an institutional setting in consultation with a physician.	
moxifloxacin injection	Approved for use in an institutional setting in consultation with a physician..	
multivitamins injection	Approved for parenteral route in an institutional setting only.	
mycophenolate mofetil	Restricted	
NA22	Restricted	
nafarelin	Approved for use in consultation with a physician.	
nalbuphine	Approved for CRNA and CNM's in an institutional setting only	
nandrolone	Approved for use in consultation with a physician.	
natamycin ophthalmic	Restricted	
nelfinavir	Approved use with Infectious Disease consultation only.	
nesiritide injection	Approved for institutional use in c consultation with a physician.	
nevirapine	Approved use with Infectious Disease consultation only.	
nicardipine injection	Approved for use in an institutional setting in consultation with a physician.	
nilutamide	Approved in an Oncology only in consultation with a physician.	
nitisinone	Restricted	3/10/03
nitric oxide	Approved for use by ARNP credentialed to practice in an ICU setting.	3/8/04
nitroglycerin IV	Approved for CRNA use. Other NPs approved for use in an institutional setting in consultation with a physician.	9/8/03
nitroprusside IV	Approved for CRNA use. Other NPs approved for use in an institutional setting in consultation with a physician.	9/8/03
nitrous oxide	Approved for CRNA use only.	
norepinephrine injection	Approved for use in an institutional setting in consultation with a physician.	
olanzapine	Approved for Psych/Mental Health use; Other ARNPs approved for renewal of MD initiated prescription ; Unrestricted use in nursing home setting	
olanzapine/fluoxetine	Approved for Psych/mental health ARNP only.	6/7/04
omalizumab	Restricted	9/8/03
ondansetron	Approved for CRNA and CNM use. Approved in oncology setting. Other ARNPs approved for institutional use in consultation with a physician.	
orlistat	Approved for Adult, Family, and Geriatric use only	

ARNP FORMULARY

orphenadrine injection	Approved for use in institutional settings in consultation with a physician.	
oxaliplatin	Restricted	3/10/04
oxandrolone	Approved for use in consultation with a physician.	
oxymetholone	Approved for use in consultation with a physician.	
oxytocin	Approved for use by CNM only	
P32	Restricted	
paclitaxel	Restricted	
palivizumab	Approved for use by ARNP credentialed to practice in an ICU setting.	3/8/04
pamidronate IV	Approved for use in consultation with a physician.	
pancuronium	Approved for unrestricted use by CRNA. Approved in an institutional setting for all other ARNP in consultation with a physician.	
papaverine injection	Approved for use in an institutional setting in consultation with a physician.	
paricalcitol injection	Parenteral route in an institutional setting only.	
pegaspargase	Restricted	
Peginterferon	Approved for all ARNPs with consultation in non hematology/oncology settings	9/13/04
pegvisomant	Restricted	6/2/03
pentazocine;naloxone hcl injection	Approved for CRNA use only	
pentetreotide	Approved for CRNA and Neonatal use only.	
pentostatin	Restricted	
perflutren lipid	Restricted	
pergolide	Approved on a renewal of physician initiated prescription only	
perphenazine injection	Approved for parenteral route in institutional setting only.	
phenelzine	Approved for Psych/ MentalHealth use only	
phentolamine mesylate injection	Approved for CRNA use. Other NPs approved for use in an institutional setting in consultation with a physician.	9/8/03
phenylephrine injection	Unrestricted use for CRNA's only. Approved for use in an institutional setting in consultation with a physician only for all other ARNP's.	6/2/03
phenytoin injection	Approved for use in an institutional setting in consultation with a physician or ACLS protocol.	
phytonadione injection	Approved for parenteral use in an institutional setting only.	
PI-88	Restrict	9/13/04
pilocarpine ophthalmic	Restricted	
pipecuronium	Approved for unrestricted use by CRNA. Approved in an institutional setting for all other ARNP in consultation with a physician.	
plicamycin	Restricted	
polyvinyl chlorous	Approved for CRNA and Neonatal use only.	
poractant	Approved for NNP use only	
porfimer	Restricted	

ARNP FORMULARY

potassium perchlorate	Approved for CRNA and Neonatal use only.	
potassium phosphate injection	Approved for parenteral use in an institutional setting only.	
pramipexole	Approved on a renewal of physician initiated prescription only	
pramoxine	CRNAs: all routes, all drugs CNMs: pudendals permitted All other ARNPs: local anesthetics only	
prednisolone ophthalmic	Restricted	
prilocaine	CRNAs: all routes, all drugs CNMs: pudendals permitted All other ARNPs: local anesthetics only	
primaquine	Restricted	
procainamide injection	Approved for use in an institutional setting in consultation with a physician or ACLS protocol.	
procaine	CRNAs: all routes, all drugs CNMs: pudendals permitted All other ARNPs: local anesthetics only	
procarbazine	Restricted	
prochlorperazine injection	Approved for use in an oncology setting. Approved for CRNA and CNM use. Approved for institutional use in consultation with a physician.	
procyclidine	Approved for use by Psych/Mental Health ARNP. Other ARNPs on a renewal of physician initiated prescription only.	
promethazine injection	Approved for parenteral use in an institutional setting only	
propafenone	Approved for oral use only in consultation with a physician. Parenteral route approved for use in an institutional setting in consultation with a physician or ACLS protocol.	
proparacaine ophthalmic	Approved for diagnostic and procedural use only.	
propofol	Approved for CRNA use. Approved for use by ARNP credentialed to practice in an ICU setting.	3/8/04
propoxycaine	CRNAs: all routes, all drugs CNMs: pudendals permitted All other ARNPs: local anesthetics only	
propranolol injection	Approved for CRNA use. Other NPs approved for use in an institutional setting in consultation with a physician.	9/8/03
propylthiouracil	Restricted	
pyrazinamide	Restricted	
pyridoxine injection	Approved for parenteral use in an institutional setting only.	
pyrimethamine	Oral use approved for preventive treatment of malaria only	
pyrimethamine and sulfadoxine	Oral use approved for preventive treatment of malaria only	

ARNP FORMULARY

quetiapine	Approved for Psych/Mental Health use; Other ARNPs approved for renewal of MD initiated prescription; Unrestricted use in nursing home setting	
quinidine gluconate injection	Parenteral route approved only in an institutional setting in consultation with a physician.	
quinidine polygalacturonate injection	Parenteral route approved only in an institutional setting in consultation with a physician.	
quinidine sulfate injection	Parenteral route approved only in an institutional setting in consultation with a physician.	
remifentanyl	Approved for CRNA use only	
respiratory syncytial virus; immunoglobulin	Approved for use by ARNP credentialed to practice in an ICU setting.	3/8/04
Restylane inj. Gel	Restricted	6/2/04
ribavirin	Approved in non-hematology/oncology setting only-in consultation with a physician.	9/13/04
riluzole	Restricted	
risperidone	Approved for Psych/Mental Health use; Other ARNPs approved for renewal of MD initiated prescription; Unrestricted use in nursing home setting	
ritodrine	Approved for CRNA use only in an institutional setting in consultation with a physician.	
ritonavir	Approved use with Infectious Disease consultation only.	
rituximab	Restricted	
rocuronium	Approved for unrestricted use by CRNA. Approved in an institutional setting for all other ARNP in consultation with a physician.	
ropinirole	Approved on a renewal of physician initiated prescription only	
ropivacaine	CRNAs: all routes, all drugs CNMs: pudendals permitted All other ARNPs: local anesthetics only	
sacrosidase	Restricted	
samarium sm153 lexidronam	Approved for CRNA and Neonatal use only.	
saquinavir	Approved use with Infectious Disease consultation only.	
scopolamine ophthalmic	Restricted	
SE75	Restricted	
selegiline	Approved on a renewal of physician initiated prescription only	
selenium injection	Approved for parenteral use in an institutional setting only.	
sevoflurane	Approved for CRNA use only	
sodium acetate 32.8%	Approved for parenteral route in an institutional setting only.	
sodium acetate 16.4%	Approved for parenteral route in an institutional setting only.	

ARNP FORMULARY

sodium ascorbate	Approved for parenteral use in an institutional setting only.	
sodium chloride 14.6%	Approved for parenteral route in an institutional setting only.	
sodium chloride 23.4%	Approved for parenteral route in an institutional setting only.	
sodium chloride 3%	Approved for parenteral route in an institutional setting in consultation with a physician.	
sodium chloride 5%	Approved for parenteral route in an institutional setting only.	
sodium iodide 131	Restricted	
sodium oxybate	Restricted	3/10/04
sodium phenylbutyrate	Restricted	
sodium phosphate injection	Approved for parenteral use in an institutional setting only.	
sodium phosphate P32	Approved for CRNA and Neonatal use only.	
sodium polystyrene sulfonate	Approved for use in an Institutional setting in consultation with a physician.	
somatrem	Restricted	
somatropin	Restricted	
stanozolol	Approved for use in consultation with a physician.	
stavudine d4T	Approved use with Infectious Disease consultation only.	
sterile talc powder	Approved for use in acute care setting only in collaboration with a physician.	6/2/04
streptozocin	Restricted	
strontium-89 chloride	Approved for CRNA and Neonatal use only.	
succimer	Approved for Pediatric and Family ARNP in consultation with a physician.	
succinylcholine	Approved for unrestricted use by CRNA. Approved in an institutional setting for all other ARNP in consultation with a physician.	
sufentanil injection	Approved for CRNA use.	
surfactant-human	Approved for CRNA and Neonatal use only	
tacrolimus oral	Approved for use by ARNP credentialed to practice in an ICU setting.	3/8/04
tartaric acid	Approved for CRNA and Neonatal use only.	
TC99m	Restricted	
teniposide	Restricted	
tenofovir disoproxil fumarate	Approved with Infectious Disease consultation only.	
terbutaline injection	Approved for use in an institutional setting only.	
testolactone	Restricted	
testosterone	Approved for use in consultation with a physician.	
tetracaine	CRNAs: all routes, all drugs CNMs: pudendals permitted All other ARNPs: local anesthetics only	
tetracaine ophthalmic	Approved for diagnostic and procedural use only.	

ARNP FORMULARY

thalidomide	Restricted	
thallous CL TL 201	Restricted	
thiamine injection	Approved for parenteral use in an institutional setting only.	
thiethylperazine	Restricted	
thioguanine (TG)	Restricted	
thiopental	Approved for CRNA use. Approved for use by ARNP credentialed to practice in an ICU setting.	3/8/04
thioridazine	Approved for use by Psych/mental health. Other ARNPs on renewal of physician initiated prescription only.	
thiotepa	Restricted	
TI201	Restricted	
timolol ophthalmic	Restricted	
tobramycin	Approved for otic use. Approved for NNP use with ophthalmology consultation.	9/8/03
dexamethasone	Unrestricted otic use	3/10/03
tobramycin inhalation solution	Approved for use in an institutional setting in consultation with a physician.	
tobramycin injection	Approved in an institutional setting only	
tocainide	Approved for use in an institutional setting in consultation with a physician.	
tolazoline	Approved for use in an institutional setting in consultation with a physician.	
tolcapone	Restricted	
topotecan	Restricted	
toremifene	Restricted	
torsemide injection	Approved for use in institutional settings.	
tositumomab	Restricted	9/8/03
tranlycypromine	Approved for Psych/MentalHealth use only	
trastuzumab	Restricted	
travoprost	Restricted	
treprostinil sodium	Restricted	3/10/03
tretinoin	Approved for topical dermatological use only.	
triamcinolone injection	Approved for all routes of administration by NNP and CRNA only. Approved for use in institutional settings in consultation with a physician by all ARNP	3/10/03 No longer on market
triflupromazine injection	Approved for parenteral use in an institutional setting only.	
trifluridine ophthalmic	Restricted	
trihexyphenidyl	Approved for use by Psych/Mental Health ARNP. Other ARNPs on a renewal of physician initiated prescription only.	
trimethaphan	Approved for use in an institutional setting in consultation with a physician.	
trimethobenzamide injection	Approved for use in an oncology setting. Approved for CRNA and CNM use. Approved for institutional use in consultation with a physician.	
trimetrexate	Restricted	
triptorelin	Approved for use in collaboration with a physician.	

ARNP FORMULARY

tropicamide ophthalmic	Restricted	
trovafloxacin	Restricted	
tubocurarine	Approved for unrestricted use by CRNA. Approved in an institutional setting for all other ARNP in consultation with a physician.	
tyropanoate	Approved for CRNA and Neonatal use only.	
unoprostone isopropyl	Restricted	
urea injection	Approved for use in an institutional setting.	
ursodiol	Approved for use with physician consultation	12/6/04
valganciclovir	Restricted	
valproate sodium	Approved for all ARNP's in an institutional setting. Approved for unrestricted use by CRNA and Psych/Mental Health ARNP. Outpatient use limited to renewal of physician prescription in only.	
valproic acid	Approved for all ARNP's in an institutional setting. Approved for unrestricted use by CRNA and Psych/Mental Health ARNP. Outpatient use limited to renewal of physician prescription in only.	3/10/03
valrubicin	Restricted	
vancomycin injection	Approved for use in an institutional setting in consultation with a physician.	
vasopressin	Approved for use with ACLS protocol. Approved for CRNA use. Approved for use in the ICU setting for ARNPs with critical care privileges	12/6/04
vecuronium	Approved for unrestricted use by CRNA. Approved in an institutional setting for all other ARNP in consultation with a physician.	
verapamil injection	Approved for use in an institutional setting in consultation with a physician or ACLS protocol.	
verteporfin	Restricted	
vinblastine	Restricted	
vincristine	Restricted	
vinorelbine	Restricted	
vitamin A injection	Parenteral use approved for institutional setting consultation with a physician.	
voriconazole	Approved for use by ARNP credentialed to practice in an ICU setting.	3/8/04
XE133	Restricted	
YB169	Restricted	
zalcitabine ddC	Approved use with Infectious Disease consultation only.	
zidovudine	Oral routes approved for all ARNPs for preventive treatment. Treatment of HIV requires an Infectious Disease consultation. Parenteral route approved in an institutional setting	
zinc sulfate injection	Parenteral route in an institutional setting only.	

ARNP FORMULARY

ziprasidone	Approved for Psych/ Mental Health ARNP. Other ARNP use limited to renewal of physician prescription only.	
zoledronic acid	Approved in consultation with a physician.	

*ADDENUM

Advanced Registered Nurse Practitioner's are exempt from restrictions imposed by the Joint Health Council Formulary when they are participating in a Clinical Trial administered by an institutional IRB, and are prescribing a medication to a patient enrolled in that Clinical Trial according to its guidelines and protocol.